Attorney Docket No. <u>1034227-000650</u>

APR 16 2007 WIN .

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Application of | MAIL STOP AMENDMENT |
|--------------------------------|----------------------------|
| Jean-Michel Bernardon |) Group Art Unit: 1616 |
| Application No.: 10/718,538 | Examiner: Sabiha Naim Qazi |
| Filing Date: November 24, 2003 | Confirmation No.: 1815 |
| Title: NOVEL VITAMIN D ANALOGS |)) |

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Sir: | |
|-------------|---|
| Enclos | sed is a reply for the above-identified patent application. |
| \boxtimes | A Petition for Extension of Time is enclosed. |
| | Terminal Disclaimer(s) and the \$\sum \$\\$65 \$\sum \$\\$130 fee per Disclaimer due under 37 C.F.R. \§ 1.20(d) are enclosed. |
| \boxtimes | Also enclosed is/are: Submission of Certified Priority Document |
| | Small entity status is hereby claimed. |
| | Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$395 \$\square\$ \$790 fee due under 37 C.F.R. § 1.17(e). |
| | Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above. |
| | Applicant(s) previously submitted on for which continued examination is requested. |
| | Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. |
| | A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed. |

| | No additional claim fee is required. An additional claim fee is required, and is calculated as shown below: | | | | | |
|--------------------|--|--|-----------------|-----------------|--------|----------|
| | | AMENDE | D CLAIMS | | | |
| | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate | Additi | onal Fee |
| Total Claims | 33 | 33 | 0 | x \$ 50 (1202) | \$ | 0 |
| Independent Claims | 1 | 3 | 0 | x \$ 200 (1201) | | |

| ☐ If Amendment adds multiple dependent claims, add \$ 360 (1203) | \$ 0 |
|---|---------|
| Total Claim Amendment Fee | \$ 0 |
| ☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee | 0 |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | \$ 0 |

| | Charge | to Deposit Account No. 02-4800 for the fee due. |
|-------------|---------------------------|--|
| | A check in the amount of | is enclosed for the fee due. |
| | Charge | to credit card for the fee due. Form PTO-2038 is attached. |
| \boxtimes | 37 C.F.R. §§ 1.16, 1.17 a | thorized to charge any appropriate fees under and 1.20(d) and 1.21 that may be required by this paper, and to Deposit Account No. 02-4800. This paper is submitted |

Respectfully submitted,

By:

BUCHANAN INGERSOLL & ROONEY PC

Date April 16, 2007

Gary D Mangels

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